

### Plan of Correction

<b>Program Name:</b> Three Rivers Mental Health and Chemical Dependency Center (TRMHCDC)		<b>Date Submitted:</b>	<b>Date Due:</b> 06/26/2021
<b>Administrative POC-1</b>			
<b>Rule #:</b> 67:61:02:20 and 67:62:02:18	<b>Rule Statement:</b> An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation.  An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.		
<b>Area of Noncompliance:</b> <i>TRMHCDC does not have a written policy on this rule.</i>			
<b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> TRMHCDC has developed policy P-9 related to this rule, and required notification if there are changes in director, services provided, or closures.		<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 6/25/2021	
<b>Supporting Evidence:</b> Policy P-9 attached		<b>Position Responsible:</b> Executive Director	
<b>How Maintained:</b> Executive Director will provide notification to the division director pursuant to board rule and established agency policy.		<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>	

<b>Client Chart POC-1</b>	
<b>Rule #:</b> 67:61:07:05	<b>Rule Statement:</b> An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components: <ul style="list-style-type: none"> <li>Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable</li> </ul>

	<ul style="list-style-type: none"> <li>• Presenting problems or issues that indicate a need for services</li> <li>• Identification of readiness for change for problem areas, including motivation and supports for making such changes</li> <li>• Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization</li> <li>• Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history</li> <li>• Family and relationship issues along with social needs</li> <li>• Educational history and needs</li> <li>• Legal issues</li> <li>• Living environment or housing</li> <li>• Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal</li> <li>• Past or current indications of trauma, domestic violence, or both if applicable</li> <li>• Vocational and financial history and needs</li> <li>• Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present</li> <li>• Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening</li> <li>• Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable</li> <li>• Clinician's signature, credentials, and date; and</li> <li>• Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis</li> </ul> <p>Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.</p>
<p><b>Area of Noncompliance:</b> <i>Three out of four charts in SUD outpatient were missing documentation that domestic violence and trauma was discussed. If there are no concerns with trauma, please document no concerns so the reviewer knows it was discussed.</i></p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> The expectation of documenting any and all history of domestic violence and trauma in the intake assessment note was established during our staff</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p>

meeting on May 25, 2021. This includes documenting a client's denial of domestic violence or trauma to denote these areas were discussed.	<b>Date</b> 5/25/2021
<b>Supporting Evidence:</b> May 25, 2021 Staff Meeting Agenda, Section III. Part A.	<b>Position Responsible:</b> Clinical Director
<b>How Maintained:</b> Clinical Director is responsible for the review of these documents to ensure that all functional and diagnostic components are part of the assessment to include domestic violence and trauma.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Program Director Signature: Jason Lillich, CSW-PIP, QMHP	Date: 06/14/21
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Please email or send Plan of Correction to:

Department of Social Services  
Office of Licensing and Accreditation  
3900 West Technology Circle, Suite 1  
Sioux Falls, SD 57106

Email Address: [DSSLicAccred@state.sd.us](mailto:DSSLicAccred@state.sd.us)

**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Signature of Licensing Staff: Heidi Gravett	Date: 06/30/2021
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